

**THIS IS A PUBLIC RECORD SUBJECT TO DISCLOSURE.**



**APPLICATION FOR COUNTY OF SAN DIEGO  
BOARD, COMMISSION OR COMMITTEE**

(For Official Use Only)

Return to:

Clerk of the Board of Supervisors  
County Administration Center  
1600 Pacific Highway, Room 402  
San Diego, CA 92101-2471  
(619) 531-5600

**INSTRUCTIONS:** Please complete each item below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page. For more complete information or assistance, contact the Clerk of the Board of Supervisors Office. This application shall be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

**PLEASE PRINT IN INK OR TYPE**

**APPLICANT'S NAME:**

**SUPERVISORIAL DISTRICT:**

**BOARD, COMMISSION OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP:**

County Citizens' Committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please list any time restrictions here: \_\_\_\_\_  
\_\_\_\_\_

What are your principal areas of interest in County Government?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all County Boards, Commissions or Committees of which you are a current member.

**COMMITTEE NAME**

**DATE APPOINTED**

_____	_____
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Previous Employers	Position Title	Length of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list Community Organizations to which you belong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Candidates for the Air Pollution Control District Hearing Board, Assessment Appeals Board, County Hearing Board, Fly Abatement and Appeals Board, Noise Control Hearing Board, Planning Commission, and/or Planning and Environmental Review Board, are required to submit a Statement of Outside Activities Related to County Duties and are asked to attach evidence of their qualifications. Candidates may be asked to provide additional information. Membership qualifications for all County Boards, Committees and Commissions may be accessed at the Clerk's Web site at [www.co.san-diego.ca.us/cnty/cntydepts/general/cob/](http://www.co.san-diego.ca.us/cnty/cntydepts/general/cob/) or by calling the Clerk's office at (619) 531-5600.**

**This Application will be considered complete when the above requirements are provided by the applicant.**

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Note: Personal information may be withheld from public view as allowed by law.**

NAME: \_\_\_\_\_ SUPERVISORIAL DISTRICT: \_\_\_\_\_

BOARD, COMMISSION OR COMMITTEE: \_\_\_\_\_

\_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_